

ECONOMIC COUNCIL LETTER

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Political Medicine

American medicine—except for the licensing of physicians and nurses and certain restrictions on harmful drugs—has always been free from the meddling of government.

If a member of your family falls ill, you get a doctor. If hospitalization is required, you can get a free bed, if you cannot afford to pay; or you can get a private room if you can pay. The services of the best surgeons are available. If you are well-to-do, you pay a good fee for a serious operation. In most cases, if you are of moderate means, you get the same services for less. If you can't afford to pay anything, you can get them for nothing.

Many thousands of the finest men and women in the land give their services free as trustees of hospitals.

Roughly 100,000 physicians and surgeons are today taking care of the sick and injured in America and are rendering them better service than in any other country in the world.

We can remember forty-five years ago, when Germany led the world in medical development, listening in Berlin to a well informed German medical man explaining to several surprised medical colleagues that American medicine was offering great promise of improvement. Since then German medicine and surgery have gone down, and American practice has risen to its present high level.

American medicine thus gained ascendancy because American doctors have been capable, earnest and ambitious, and have had a high sense of duty. It happened, too, because they were practicing medicine in a free country where as yet government bureaus have been prevented from extending their tentacles over the care of the sick. Save in rare and isolated cases, government has had no part in, and can claim no credit for, its astounding development. In fact, the contrary is true: for in those countries where the medical profession has been placed under the dictation of the state, political control has been stultifying and disastrous.

Of course, American medicine and surgery have not been perfect—what human activity is? Of course, faults can here and there be found. Some neighborhoods are without enough capable practitioners or lack an adequate hospital. Some doctors are better than others. It is true, too, that those able to pay most

often get the best services—though this advantage is tempered by the earnestness and high character and the desire of most doctors to minister to the sick whatever their economic status or station in life.

In all these respects, though further improvement is still to be accomplished, great advances have already been made.

America's supremacy in the field of medicine has been possible largely through two factors. First nowhere else on earth have these factors existed in comparable measure, nowhere else on earth have the same good fruits appeared.

The first factor is the complete liberty our fathers won for us. Liberty places in human hands the power of choice—the power to excel, the will to excel. It is the mainspring of creative effort—the power that inspired a young race to conquer and people a virgin continent, to perfect communications, invent new ways of doing old tasks, and then, still unsatisfied, to dream new dreams and bring them to amazing fulfillment. Save for the dynamic energy released by the practice of liberty, little progress might have been made in the standard of life and living upon the American continent.

The second factor is the profound impulse of Christian philanthropy. Often other peoples, usually the less successful, have condemned Americans as money-getters and profiters. Nothing could more clearly show the falsity of this charge than the lavish manner in which the fruits of American business have been poured out for humane causes. Whenever human needs have appeared, Americans have been warm-hearted and generous, giving freely of the substance earned by foresight and industry. As in no other land on earth, the earnings of Americans have been given to erect hospitals, sanitariums, medical schools and foundations for medical research. It is this profoundly Christian impulse, made possible by the economic freedom that alone implements the will to give, that has provided American medicine with the physical facilities necessary to its development.

The important fact is that the practice of medicine and the care of the sick have reached in the United States the highest level any country has ever seen. We

may be sure continued effort along the same lines will bring ever greater improvement.

Clouds Are Gathering

But there is trouble on the horizon. Politicians, at the instance of Marxist schemers, have long had their eye on this whole business of the care of the sick. Great Britain has politicalized her medicine, which means simply that political bureaucrats have stepped in, and from now on will tell doctors, dentists, nurses and patients what to do to the very last detail.

And the same political move threatens here and now in the United States. It will rise to full height during the coming session of Congress. A supreme effort is to be made to convert our magnificent system of caring for the sick into a government-run machine of political medicine.

The fate of 160,000 doctors is at stake. But, more important still, is the stake of the 148,000,000 people to whom they minister.

If you, Mr. and Mrs. American, are willing to let Government bureaucrats tell you just how your sick and injured are to be cared for, then pay no attention to this Letter. But if you are not willing, now is the time to do something about it.

It may shock many to be told that the incomparable fabric of American medicine has enemies, and that these enemies wish first to destroy it, and then replace it by something else under their own control.

Who are these enemies? They are certain groups now high in the Federal bureaucracy. And behind them, directing the fight, are sinister persons and forces of whom we shall speak presently.

What do they wish to do? They wish to destroy the freedom of American medicine by placing it under the political management and control of Government—that is, themselves. **They wish to destroy the most successful medical system the world has ever seen, and substitute for it a system that has failed everywhere else.**

The physicians of America, who are probably in a better position to see the disastrous consequences of political control than anyone else, are doing what they can to fight this evil thing. But they can devote little energy to it: they are out on the firing line every day in their battle against sickness and death. The whole burden of the fight to keep medicine free should not be left to them.

The National Economic Council does not enter this fight in the special interest of the medical profession. The politicians who seek to "muscle in," try to smear the medical profession by sneeringly accusing the doctors of being selfishly concerned with profits in opposing political control. That's just the old Marxist tripe. We believe there is no more unselfish profession, taken as a whole, than the medical profession, and that there is no more power-hungry, grasping type of person in the world than the political bureaucrat. Yet it is not to protect one group against the predatory spoliation of the other, that we raise our voice.

We are against political control of medicine because it will be disastrous to the American people. It will inevitably lower the standards and efficiency of medical care. It will in the long run cost every American

family many hundreds of dollars more each year, for the offer of "free medicine" is only a sucker's come-on. It will, if adopted, destroy American freedom, not only as it relates to medicine, but as it relates to our whole life. It is the door to the police state.

In the last several sessions of Congress a bill for political control of medicine has regularly been introduced. With minor alterations it will be introduced into the forthcoming session of the 81st Congress. In the last session it was called the "Wagner-Murray-Dingle Bill." Powerful forces are arrayed behind it. The President will call for its adoption—he thoughtlessly promised it in the campaign, unquestionably at the instance of left-wingers at his elbow. Unless the American people rise, and rise now, to defend their liberties as they rose at Lexington and Bunker Hill, this measure will be fastened upon them.

What the Scheme Is

Just what is proposed in this scheme to politicalize American medicine?

First of all, a National Social Insurance System would be set up. The Federal Security Agency would collect all "security" taxes. It would be closely integrated with the other "security" programs—for disability and old age. Vast sums of money would be required, both to support the horde of new officeholders necessary to run the system, and to build up reserve fund accounts in the Treasury. Perhaps for the first year or two, taxes would be small. But that is just bait. Commissioner of Social Security Arthur J. Altmeyer, chief advocate of political medicine, who would probably administer the whole program, proposed to the Advisory Council of the Senate Finance Committee on December 4, 1947, that the payroll tax should be 6 per cent on employees and 6 per cent on employers on the first \$4800 of income!

To administer the proposed system *the whole United States* would have to be divided into administrative districts, each of about the population of a city police precinct. There would be many thousands of administrative offices, together with administrators, assistants, clerical help and investigators to staff them. Before its return to the States in 1947, the United States Employment Service had over three thousand employment offices in operation to take care of the needs of a few million unemployed.

The administration of political medicine would be infinitely more complex, for people consult doctors far more often than they change employment. And with fifteen to twenty times the number of people to handle as were handled by USES at its peak, political medicine would probably require 100,000 field offices alone. It is likely that within five years of coming into operation, political medicine would have at least a million persons on its payrolls.

Now the chief appeal of the advocates of political medicine is, that low-cost medical coverage will be supplied to all. But it hardly takes a wizard of finance to see that if you add a million more persons to the number who have to be paid to furnish medical coverage, the total cost to all the people will be, *not less but more*. Some of it will be taken from payroll taxes, and the amounts will be more than the average family

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now spends in a year on medical fees. But part of the cost will be hidden in income taxes, which must inevitably be increased to pay for the mounting expenses of the ever-growing bureaucracy.

In New Zealand, where political medicine was set up less than ten years ago, the expense today absorbs forty per cent of all revenues collected by government, and deficit financing has been resorted to in a desperate attempt to furnish the benefits promised. Forty per cent of the comparable revenues of the United States would exceed fifteen billion dollars a year!

Would the Higher Cost Bring Better Service?

But even if the cost were several times greater than the present cost of medical service to the American people, might it not be worth it if everybody got better medical care? Let's see.

In the first place, there is no magic in the mere spending of money. The Government cannot create more physicians or nurses by appropriating vast sums to bureaucrats for the control of physicians and nurses. Only medical schools and hospitals can produce such qualified practitioners, and no Federal funds can make the numbers who will graduate greater than they will be anyway.

In the second place, the history of political medicine in every country where it has ever been tried has presented one outstanding fact. Nothing is so dear to the heart of a bureaucrat as rules and regulations. There is no record in any department of any government telling of rules that have at first been long and complicated, and have then been made short and simple. It always works the other way.

The pioneer country in political medicine was Germany under Bismarck. There, the early rules were simple. Forty years later, they had become so complicated that no single mind in the land knew them all. Dr. Walter Sulzbach, a recognized authority on the subject, has said that in the 1920's "so many changes in laws on social insurance were made that the pertinent commentaries were no longer published in book form but in loose-leaf catalog form, so that any entry could quickly be replaced by another."

The story is the same everywhere. In England at first national health insurance covered only twenty million people, yet within 30 years the rules and regulations required a volume of 1300 pages to set them forth.

In the United States, less homogeneous, where there is greater variation in every way, and where 148 million people would be affected, rules and regulations would pass beyond the power of any individual to understand and interpret. Physicians, dentists, pharmacists, nurses, hospitals and applicants for medical treatment would alike be overwhelmed by them. A vast policing system would have to be set up to enforce them. Such matters as the number and cost of all prescriptions issued by physicians and the prices the 80,000 pharmacists could charge the Government for every "free" prescription, would be among the many matters to be controlled. Every item of expense in every hospital would be subject to bureaucratic scrutiny. Such a system, in which physicians would

have to spend hours daily writing out reports, would lead to deterioration of medical service, if not to downright disintegration.

One major respect in which political medicine would work adversely to the interest of the individual patient would be in the freedom of choice in selecting his physician.

Despite assurances that freedom of choice will be preserved, such freedom is impossible if the system is to work at all. Many advocates admit as much privately. It is generally agreed that a "capitation" system will be used in the beginning, though later it is probable that all physicians will be salaried Government employees. A "capitation" system means that each physician will be permitted to have so many patients sign up in advance to be treated by him, and when his quota, to be fixed by the bureaucrats, is filled, he may take on no more. He will be paid so much per person, or "head," each year.

So the only free choice the individual might have would be at the moment of signing up. If the physician were known to be a good one, his list would be quickly filled, and the patient would have to go looking for another whose quota had not yet been filled. If he still wanted to consult his favorite physician he would have to do it at his own expense (assuming the bureaucrats would permit it at all), and so pay twice—once in taxes and again in fees.

It is contemplated that, in time, all patients will have to visit the doctors in public health clinics. This is the plan followed in Great Britain. There, according to a noted actuary, Elizabeth W. Wilson, writing in the *Christian Science Monitor* for September 18, 1948, "Any Britisher can go to, and not—except under unusual circumstances—send for the physician of his choice. He waits possibly an hour or more in a queue for a visit which lasts, on the average, four to six minutes." Seventeen minutes has been considered the average necessary in America for diagnosis and adequate treatment.

What Is Behind the Demand for Political Medicine?

Only in Soviet Russia has political medicine been thoroughly carried out. If the USA adopts political medicine, as called for in the Wagner-Murray-Dingle bill, it will have taken a long step toward state medicine as rigidly controlled as Russia's.

It is therefore no surprise to find that American Communists are working hard for political medicine. If political medicine comes, the eventual socialization of American business will be so much the easier. Conspicuous among communist influences working for such a bill is the *Morning Freiheit* of New York, a Yiddish language daily read by over 300,000 persons. Alexander Bittelman, notorious Communist now under deportation proceedings, is the moving spirit of this journal.

Louis F. Budenz, ex-Communist editor of the *Daily Worker*, has stated that in 1930 Manuilski, then Secretary of the Communist International, told a gathering of American agents in Moscow, "In the United States . . . the Communists must launch a powerful movement for social insurance." Manuilski added

that state medicine would be used to promote Communism in the United States.

We have had occasion more than once to mention the ILO (International Labor Organization). The USA joined ILO in 1934, at the instance of Frances Perkins. And ever since that time ILO, directly and through numerous affiliates, has engaged heavily in propagandizing for social insurance, including political medicine. First fruits of its effort was the original Social Security Act. Since then it has worked for the Wagner-Murray-Dingle bill. Indeed, it is known that ILO publications furnished much of the material from which the bill was drafted, and there is more than a suspicion that the bill was drawn in collaboration with ILO personnel.

We pointed out in Letter 200 that a pending "convention" of ILO, if ratified by the United States Senate, would mean the abdication by the American Government to an international body of all control over relations between American employers and employees. **It is this same ILO that seems to be the author and prime mover in the present drive to fasten political medicine on the American people.**

A powerful influence for the adoption of political medicine has come from within the Federal Government itself, notably from the Public Health Service and the Federal Security Agency, whose top directors have an incalculable amount of power to gain if the scheme is adopted. *These persons have, in violation of the Criminal Statutes, been using the money of the taxpayers to influence legislation and enhance their own prestige, power and emoluments.* Conspicuous among these are three officers of the Federal Security Administration: Arthur J. Altmeyer, Commissioner, Isidore S. Falk, Director of the Bureau of Research and Statistics, and Wilbur J. Cohen, Falk's assistant.

Representative Harness of Indiana has exposed the so-called "Physicians Forum," which has been advocating political medicine, under the chairmanship of Dr. Ernest P. Boas of New York—identified by the House Committee on Un-American Activities as being a member of no less than eight Communist-front organizations!

What You Can Do

Against all the sinister forces working together for enactment of political medicine, those striving to defeat it have one chief reliance. That is in the innate good sense and love of liberty of the American people.

The American people do not have to have this scheme, fathered by Communism, mothered by Socialism, and wet-nursed by power-hungry bureaucracy,

imposed upon them. It is not inevitable. Nothing that limits freedom is inevitable so long as enough free men and women have the courage to stand up and fight against it. The hour is late, but there is still time. **There is still time if every American who reads this Letter will order at least ten copies and send them to ten friends with a letter of his own asking them to do likewise, until all America is covered.**

Let every man and woman who reads this Letter and values his liberty do something about it. Let each write his Congressman and his two Senators and tell them what he thinks.

A million thoughtful letters to members of the 81st Congress can kill this evil measure.

Will you be one of the million?

Will you help to enlist others?

The time is short!

Merwin K. Hart

President,

NATIONAL ECONOMIC COUNCIL, Inc.

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